

**APPLICATION FOR CERTIFICATION  
OF GRAIN HANDLING FACILITIES TO COMPLY WITH  
EUROPEAN CORN BORER QUARANTINE PROVISIONS**

NAME OF ELEVATOR: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_

STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_ TELEPHONE NUMBER: \_\_\_\_\_

Names of those authorized to inspect screening of grain:	Type of screener or scalper:
_____	_____
_____	_____

Date of inspection of screening facilities: \_\_\_\_\_  
(Use the date of inspection conducted by you as the date of this application  
for certification.)

After reading the quarantine requirements imposed by the various quarantine  
states aforementioned, I/we hereby agree to comply with the requirements of  
the European Corn Borer Quarantine Program. I/we understand the Nebraska  
Department of Agriculture may revoke the certification of any of the  
following:

1. Failure to completely and accurately provide the information called for  
on the application, or failure to carry out the assurances set forth.
2. Failure to pay any fees or costs. If payment is not received, your  
participation in the ECB Program will be void and all outstanding  
certificates will be recalled.
3. Failure to maintain facilities and equipment in a manner prescribed.
4. Failure to conduct inspections of grain shipment, and to utilize grain  
handling and inspection procedures prescribed by the Nebraska Department  
of Agriculture.
5. Failure to issue European Corn Borer Certificates in the manner  
prescribed by the Nebraska Department of Agriculture.

NAME: \_\_\_\_\_

TITLE: \_\_\_\_\_ DATE: \_\_\_\_\_

If the business is a sole proprietorship, please include the social  
security number of the individual: \_\_\_\_\_

**EUROPEAN CORN BORER PROGRAM FEES**

\$50.00 for issuance of European Corn Borer Certification of Inspection  
\$6.25 for each pad of 25 European Corn Borer shipping certificates